

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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30623

7590

12/20/2006

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY
 AND POPEO, P.C.
 ONE FINANCIAL CENTER
 BOSTON, MA 02111

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/819,144

03/27/2001

Richard M. Terek

21486-021DIV

3262

TITLE OF INVENTION: CHONDROSARCOMA ASSOCIATED GENES

03/22/2007 FWDLOGE2 03000021 09819144

01 FC:2501

700.00 OP

02 FC:1504

300.00 OP

03 FC:8831

30.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$700

\$300

\$0

\$1000

03/20/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SANG, HONG

1643

530-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,

1. Glovsky and Popeo, P.C.2. Ingrid A. Beattie

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

RHODE ISLAND HOSPITAL

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Providence, Rhode Island

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Reference 21486-021 DIV

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

IA Beattie

Date

March 20, 2007

Typed or printed name

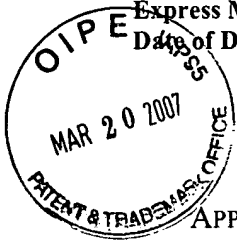
Ingrid A. Beattie

Registration No.

42,306

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Date of Deposit: March 20, 2007

Attorney Docket No. 21486-021 DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Richard M. Terek
SERIAL NUMBER : 09/819,144 Examiner : Hong Sang
FILING DATE : March 27, 2001 Art Unit : 1643
FOR : CHONDROSARCOMA ASSOCIATED GENES

Mail Stop Issue Fee

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

March 20, 2007
Boston, Massachusetts

TRANSMITTAL LETTER

Enclosed herewith for filing in the above-identified application please find the following documents:

1. Issue Fee Transmittal (1 page);
2. Check No. 23953 for \$1,030.00 (\$700.00 Issue Fee, \$300.00 Publication Fee, \$30.00 for Advance Copies of Patent);
3. Return Postcard.

Although Applicant believes no additional fees are due in connection with this submission, the Commissioner is authorized to credit any overpayment or charge any deficiency to Deposit Account No. 50-0311, Reference No. 21486-021 DIV. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

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